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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/725,297
	Filing Date	December 1, 2003
	First Named Inventor	James D. Ralph
	Art Unit	3738
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	SPINE 3.0-446 CIP II CONT

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000530☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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OR

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Joseph P. Errico, SpineCore, Inc.

Signature

Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 1 forms are submitted.